Mental Health Series

PTSD: Recognizing Post War Response to Trauma and Stress

By Judy Regan, MD, MBA, JD; Scott Erwin, PhD, MBA, RN; Gwen Hamer, MA, CPC; and Arvis Wright, BS, CPS

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) describes Posttraumatic Stress Disorder (PTSD) as a response to an event that is related to an "actual or threatened death or serious injury," or "a threat to the physical integrity of self or others." Also, if "the person's response involves intense fear, helplessness, or horror" and characteristic symptoms develop following exposure to the traumatic stressor(s), a diagnosis of PTSD may be noted. The characteristic symptoms can include persistent reexperiencing of the traumatic event, "avoidance of stimuli associated with the trauma" and "persistent symptoms of increased arousal." Traumatic events consist of, but are not limited to, military combat, sexual and physical assaults or disasters.[1]

The DSM IV-TR identifies two temporal factors in the classification: onset (acute or delayed) and duration (nonchronic or chronic). The prevalence for delayed onset may vary because of changeable definitions and "due to sample differences in the post-traumatic factors that affect the risk." One factor, type of trauma, has been studied in the National Comorbidity Survey. Among the men studied, the survey found that 22 percent of combat veterans met DSM-IV criteria for delayed onset which was a four-fold increase in contract to men who experienced other traumas. The prevalence for chronic PTSD is unknown and by definition lasts longer than three months. In this study, one-third of the cases studied remained chronic years after the traumatic event.[2]

The effects of psychological trauma on individuals in combat have been reported for many centuries. In the Civil War, large numbers of American veterans complained of "generalized weakness, palpitations and chest pain." This was thought to be the result of the physical stress of war and referred to as "soldier's heart." In World War I, "psychologically disabled veterans" were considered to suffer from brain damage called "shell shock." PTSD was overlooked until after the Vietnam War when veterans and others began to talk about psychological stress. Later the diagnosis was established and published in DSM III.[3]

However, even though it has been more than 30 years after the conflict in Vietnam, significant controversy still exists about the combat related stress disorder. This is due in part to the "absence of empirical studies on the longitudinal course of PTSD." The National Vietnam Veterans Readjustment Study retrospectively studied symptoms resulting a year after the Vietnam War and present symptoms. They found a "30% prevalence of PTSD in the year after the war and a 15% current prevalence of PTSD in Vietnam combat veterans."[4] In another more recent study, the chronicity of PTSD in 530 male and female Vietnam veterans was examined. Delayed onset and failure to remit fully was common. Out of 239 veterans with full or partial lifetime PTSD, 78 percent had symptoms three months before their assessment.[2]

While each war is unique, many of the themes from Vietnam have resurfaced with the Gulf and Iraq War. A study conducted in the early 1990s after Operation Desert Storm, showed that 9 percent of returnees from the Gulf War reported symptoms similar to PTSD.[5] It appears that veterans in the current Iraq War are likely to be exposed to a wide range of war zone related stressors that may impact psychological function in various ways.[6] The "increased likelihood of surviving direct hits and nearby explosions has ramifications for the provision of mental health services." As a result, there may be an increased need for rehabilitation of traumatic brain injury which can often be associated with significant behavior changes requiring mental health treatment. In particular, veterans who do survive substantial physical injuries may be at an increased risk of developing depression, anxiety and PTSD.[7] A recent study in the New England Journal of Medicine surveyed those engaged in combat and examined before and after they were deployed to Iraq and Afghanistan. According to the study, "as many as 9% of soldiers appeared to be at risk for mental disorders prior to deployment, and as many as 11% to 17% are at risk postdeployment." The mental disorders focused on current symptoms consistent with a major depressive disorder, generalized anxiety disorder or PTSD.[8]

Over the last 30 years, "the pendulum has swung from failing to acknowledge the effects of trauma to recognition that trauma" is a "necessary etiologic agent."[9] It is not surprising there is such a high occurrence of PTSD in soldiers exposed to considerable levels of stress and trauma.[8] Research has shown that outreach to veterans who need mental health services is valuable. Dr. Losonczy, co-chair of the

Committee on Care of Veterans with Serious Mental Illness, has recommended a written agreement with the Veterans Administration that would provide all returning military personnel with a one-on-one discussion about possible reactions to stressful events. This agreement would assist veterans in learning about PTSD and other mental illness, as well as offer them a chance for early intervention, if treatment is indicated. Meanwhile, Congress has appropriated $10 million for PTSD programs and outreach services for veterans.[7]

Since Vietnam and recognition of PTSD in the DSM III, there has been increasing research and acknowledgement to aid in diagnosis and treatment. The continued conflicts in the Middle East expose the young men and women from the United States, compared to mainly young men who were drafted during the Vietnam War. Thus, PTSD will become even more significant in the lives of Americans and their families at home.

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From the Department of Mental Health and Developmental Disabilities, Nashville.